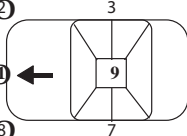
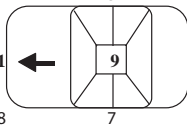


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 04/24/2019	Time of Crash 21:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																		
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Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000414	
License # _____ St MA DOB/Age _____			Reg # 3EK239 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2001 Veh Make LEXUS Veh Config. 2 20							
Operator GARCEVIC SOFIJA Last First Middle			Owner GARCEVIC VESKO Last First Middle							
Address 105 ALEXANDER AVENUE			Address 105 ALEXANDER ROAD							
City BELMONT State MA Zip 02478			City BELMONT State MA Zip 02478							
Insurance Company GOVT EMPLOYEE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? _____			Event Sequence 1 22 22 22 22							
Citation # (If Issued) T1443443			Most Harmful Event 1 23			10 Undercarriage 5 11 Totaled				
Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility										
Operator See Above			----- --- 1 4 99 0 0 10 1 N/A							
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator _____ Last First Middle			Owner _____ Last First Middle							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [] N [X] S [] E [] W Responding to Emergency? _____			Event Sequence 22 22 22 22							
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Operator/Non-Motorist See Above			----- ---							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Cabot Street
Centre Street
Richmond Street

Unit 1
Unit 2
Unit 3

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On Wednesday, April 24, 2019 while assigned to unit N525, I responded to the area of Centre Street and Richmond Street, Newton for a 3 car motor vehicle accident. The weather at the time of the accident was clear. The road surface was dry. Centre Street and Richmond Street are both public ways maintained by the City of Newton.

The operator of MV1, Irina Gorolevici (S18897891) stated she was stopped in traffic on Centre Street (N) at a red light while operating her 2017 Toyota Highlander (MA: 8JY370). Gorolevici stated while stopped in traffic MV2 crashed into the rear of her vehicle. I observed damage to the rear bumper area of MV1. Gorolevici reported no injuries and signed a patient refusal with Newton Medics.

The operator of MV2, Wiranya Thatwisai Partosan (S27096641) stated she was stopped in traffic on Centre

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL R GAUDET NEWTON POLICE DEPT 04/24/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

Crash Narrative:

Street (N) at a red light while operating her 2016 Honda Civic (MA: 5VA815). Thatwisai Partosan stated while stopped in traffic MV3 crashed into the rear of her vehicle. The force from MV3 crashing into the rear of her vehicle caused MV2's front bumper area to crash into the rear bumper area of MV1. I observed moderate to the front and rear bumper areas of MV2. The vehicle was removed from the roadway by Tody's towing. Thatwisai Partosan reported no injuries and signed a patient refusal with Newton Medics. The operator of MV3, Sofija Garcevic (S74039706) stated she was traveling North on Centre Street towards Cabot Street. Garcevic stated she looked up and observed MV2 in front of her. Garcevic stated she did not have time to stop and crashed into the rear of MV2. I observed moderate to the front bumper area of MV3. The vehicle was removed from the roadway by Tody's towing. Garcevic reported no injuries and signed a

(Continued on next page)

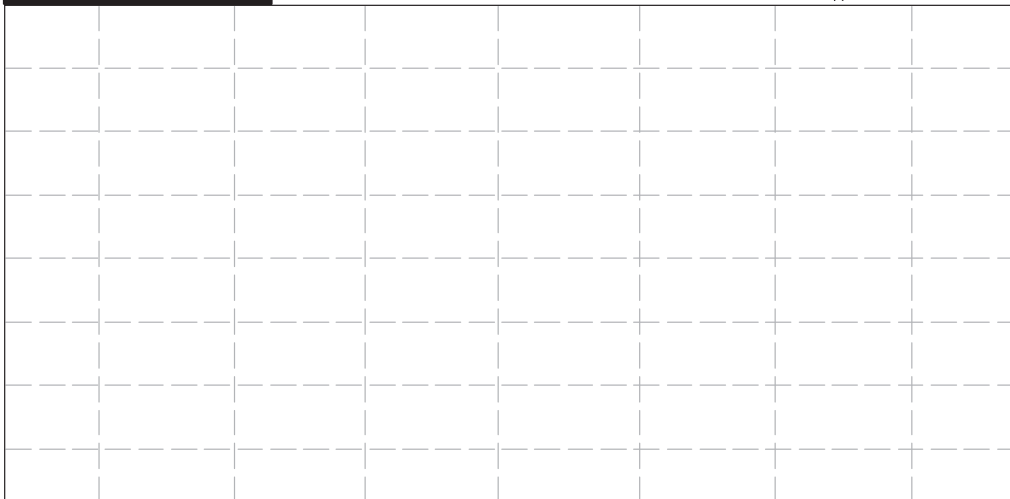
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MICHAEL R GAUDET			NEWTON POLICE DEPARTA		04/24/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

patient refusal with Newton Medics. As a result of the accident, Garcevic was provided with Massachusetts Uniform Citation T1443443 in hand for Newton City Ordinance Chapter 19, Section 75 (Fail to use care, stopping) .

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL R GAUDET

NEWTON POLICE DEPART

04/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date